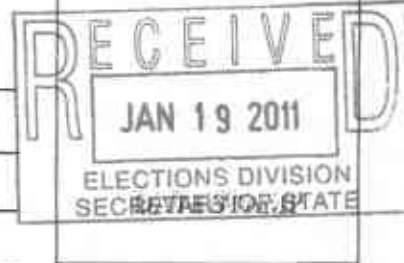


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Friends of Judge Malcolm Harrison  
Address P.O. Box 1360, Raymond, MS 39154  
Telephone 601 953 4060 Fax \_\_\_\_\_  
Treasurer Robert M. Everett Jr Email \_\_\_\_\_



☐ Check here if above is different from previous report

**TYPE OF REPORT**

\_\_\_\_ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory  
\_\_\_\_ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory  
\_\_\_\_ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory  
\_\_\_\_ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory  
\_\_\_\_ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory  
\_\_\_\_ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates  
\* January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory  
\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$14,550 + \$17,150	\$ 31,700	\$ 111,255
Total amount of disbursements	\$31,914 + \$7615. <sup>59</sup>	\$ 39,589. <sup>65</sup>	\$ 111,109.82
Total amount of cash on hand		\$ 145.18	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

1/19/2011

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through December 31, 2010

**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name L. Cole		11/01/10	\$200.00
Mailing Address			
City, State, Zip Code Jackson, MS 39209			
Name of Employer (Required)			
Occupation (Required) Retired		Aggregated year-to-date	\$200.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name M & J Johnson		11/01/10	\$500.00
Mailing Address			
City, State, Zip Code Baltimore, MD			
Name of Employer (Required)			
Occupation (Required) Retired		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Gertrude Harrison Foundation		11/01/10	\$2,500.00
Mailing Address			
City, State, Zip Code Baltimore, MD			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$2,500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Tatum & Wade		10/29/10	\$1,000.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$1,000.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through December 31, 2010

**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/01/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/07/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/06/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/08/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name K. O'Cain		11/01/10	\$250.00
Mailing Address			
City, State, Zip Code Canton, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Diaz Law Firm		11/08/10	\$500.00
Mailing Address			
City, State, Zip Code Madison, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name T. Savant		11/09/10	\$250.00
Mailing Address			
City, State, Zip Code Canton, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$250.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Statewide Genral Insurance		11/09/10	\$200.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name R Haxton		10/26/10	\$500.00
Mailing Address			
City, State, Zip Code Natchez, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AJA Technical Services		10/24/10	\$500.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name I Byrd		10/29/10	\$500.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$500.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name J. Hood		11/14/10	\$200.00
Mailing Address			
City, State, Zip Code Houston, MS			
Name of Employer (Required)			
Occupation (Required) Attorney		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through December 31, 2010

**ITEMIZED RECEIPTS**

<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name		10/27/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name		11/13/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name		10/27/10	\$200.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		<b>Date</b> (Mo., Day, Year)	<b>Amount of each receipt</b> this period
Full name		10/28/10	\$300.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$300.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name T. Parkman		10/27/10	\$500.00
Mailing Address			
City, State, Zip Code Clinton, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name T. Baldwin		10/28/10	\$1,000.00
Mailing Address			
City, State, Zip Code Jackson, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name A. Jernigan		10/28/10	\$200.00
Mailing Address			
City, State, Zip Code Ridgeland, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name D. McQuitter		10/29/10	\$200.00
Mailing Address			
City, State, Zip Code Clinton, MS			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$200.00

Name of Candidate or Committee Friends of Judge Malcolm Harrison

Reporting period October 1, 2010 through December 31, 2010

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/01/10	\$1,000.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$1,000.00
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		11/01/10	\$500.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$500.00
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		10/30/10	\$350.00
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	\$350.00
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name			
Mailing Address			
City, State, Zip Code			
Name of Employer (Required)			
Occupation (Required)		Aggregated year-to-date	



Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period 1-Oct-10 through 31-Dec-10

**ITEMIZED DISBURSEMENTS**

<b>A. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Blue Dot Group	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/22/10	\$7,153.49
<b>City, State, Zip Code</b>	10/27/10	\$6,739.65
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	\$35,893.14
	year-to-date	
<b>B. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Bennett & Brown	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/29/10	\$9,000.00
<b>City, State, Zip Code</b>	11/30/10	\$1,500.00
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	\$23,000.00
	year-to-date	
<b>C. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Blue Dot Group	(Mo., Day, Year)	this period
<b>Mailing Address</b>	11/08/10	\$4,084.65
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	\$39,977.79
	year-to-date	
<b>D. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Reunion Group	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10/25/10	\$1,000.00
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	\$1,000.00
	year-to-date	
<b>E. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Classic Printing	(Mo., Day, Year)	this period
<b>Mailing Address</b>	10-29/10	\$1,396.27
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	\$1,396.27
	year-to-date	
<b>F. Full Name</b>	<b>Date</b>	<b>Amount of each disbursement</b>
Zata 3	(Mo., Day, Year)	this period
<b>Mailing Address</b>	11/30/10	\$600.00
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b>	\$600.00
	year-to-date	

Name of Candidate or Committee Friends Of Judge Malcolm Harrison

Reporting period 1-Oct-10 through 31-Dec-10

**ITEMIZED DISBURSEMENTS**

<b>A. Full Name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> this period
Ramel Cotton		
<b>Mailing Address</b>	11/05/10	\$500.00
<b>City, State, Zip Code</b>		
Jackson, MS		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> year-to-date	\$500.00
<b>B. Full Name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> this period
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> year-to-date	
<b>C. Full Name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> this period
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> year-to-date	
<b>D. Full Name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> this period
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> year-to-date	
<b>E. Full Name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> this period
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> year-to-date	
<b>F. Full Name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement</b> this period
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> year-to-date	